Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

with the full list of names. Do not include addresses here.)

MAY 18 2020

UNITED STATES DISTRICT COURT

David J. Bradley, Clerk of Court

for the

SouThier District of Texas

House Division

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please with the full list of names.)

-V
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space above, please write "see attached" in the space and attach an additional page

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account *number*. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I.	The l	Parties to This Complaint	
	A.	The Plaintiff(s)	
		Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
		Name	Michael Anthony Wilson
		All other names by which	1 /
		you have been known:	N/A
		ID Number	00230492
		Current Institution	HARRIS COUNT TAIL YOU SAN JACINTON
		Address	701 SAN TACINTO 4A2
			HOUSTON TX 77002
		•	F City State Zip Code
	В.	The Defendant(s)	
·		Provide the information below for individual, a government agency,	r each defendant named in the complaint, whether the defendant is an an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap	an organization, or a corporation. Make sure that the defendant(s)
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap Defendant No. 1 Name	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. ED Gonzales
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known)	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RO GONZALE HEAD Sheel F OF HARRIS COUNTY TEXAS
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap Defendant No. 1 Name Job or Title (if known) Shield Number	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RO GONZALE HEAD Sheel F OF HARRIS COUNTY TEXAS
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known) Shield Number Employer	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. ED CONZAICE HEAD Sheet of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS SHERIFF DAPT TOWN TON SAN JUSTINET DAPT HOWSTON TO 3
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known) Shield Number Employer	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelff Daft TOWN TOIN SAN JACINTO ST HOUST DN State TO 2 Zip Code
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known) Shield Number Employer	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. ED CONZAICE HEAD Sheet of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS SHERTED DEFT TOWN TON SAN JUSTINET DEFT HOWSTON TO 3
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap Defendant No. 1 Name Job or Title (if known) Shield Number Employer Address	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelff Daft TOWN TOIN SAN JACINTO ST HOUST DN State TO 2 Zip Code
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known) Shield Number Employer Address	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelff Daft TOWN TOIN SAN JACINTO ST HOUST DN State TO 2 Zip Code
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap Defendant No. 1 Name Job or Title (if known) Shield Number Employer Address	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelff Daft TOWN TOIN SAN JACINTO ST HOUST DN State TO 2 Zip Code
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap Defendant No. 1 Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelff Daft TOWN TOIN SAN JACINTO ST HOUST DN State TO 2 Zip Code
		Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) a individual capacity or official cap. Defendant No. 1 Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known)	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed. RD GONZALZ HEAD Sheelff of HARRIS COUNTY TEXAS HARRIS COUNTY TEXAS Sheelf Dapt TON TOIN SAN JUSTIN ST HOUST DN State Zip Code

City

Individual capacity

State

Official capacity

Zip Code

ro Se 14	(Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)	· · · · · · · · · · · · · · · · · · ·	· ************************************
		Defendant No. 3 Name Job or Title (if known) Shield Number	N/A		
		Employer Address			
			City	State	Zip Code
	•		Individual capacity	Official capacity	
		Defendant No. 4 Name	NIA		
•		Job or Title (if known) Shield Number			
		Employer Address			
			City	State	Zip Code
	•	•	Individual capacity	Official capacity	, ·
II.	Basis 1	for Jurisdiction			,
	immur Federa	42 U.S.C. § 1983, you may sue state nities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 388 autional rights.	[federal laws]." Under Biv	ens v. Six Unknown Na	med Agents of
	Α.	Are you bringing suit against (check	all that apply):	,	
		Federal officials (a Bivens clair	•	•	
		State or local officials (a § 198.	3 claim)		
	B.	Section 1983 allows claims alleging the Constitution and [federal laws].' federal constitutional or statutory rig	' 42 U.S.C. § 1983. If you ght(s) do you claim is/are b	are suing under section eing violated by state of	n 1983, what
		14 Th AMENDMEN	7 28 USC 3		
. ,		8Th AMENDMENT	28 USC S.	2675 (A.)
	C.	Plaintiffs suing under <i>Bivens</i> may or are suing under <i>Bivens</i> , what constitution officials?			

WA

	and the second s
D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. Sherre ED Conzalez is thead Sherre of All Jail Aud Datention Centres in HARR'S. IN Charge of HARR'S County Datention Centres in HARR'S.
Pris	oner Status
•	
Indi	cate whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
. —	Outer (coprom)
State	
State	ement of Claim
State alleg furth any o	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
State alleg furth any o	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
State alleg furth any o	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
State alleg furth any o	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
State alleg furth any c state.	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed. If the events giving rise to your claim arose outside an institution, describe where and when they arose. If the events giving rise to your claim arose in an institution, describe where and when they arose.
State alleg furth any c state.	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed. If the events giving rise to your claim arose outside an institution, describe where and when they arose

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

05-05-2020 APROX 1:00 PM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

TAM BEING DENIED ACCESS TO THE GLOURTS.

THE SYSTEM SET IN PLASE BY ED GONZALEZ WHICH INVOLVES

V. Injuries The IMMATE LAW LIBRARY IN THAT THE ELECTRONIC LAW LIBRARY

IS SPECIFICALLY DEIGNED FOR THE PROFESSIONAL LAWYER

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

BY THE MONETARY LOSS OF WAGES, DUE PROCESS WHERE THE COUNTY CAN STOCK FILE MONEY WHILL I SIT IN TAIL ON A BOOMS CHARGE. BY DENIUS ME ACCESS TO THE COURTS TO PRESENT MOTIONS TO HAVE CHARGES DROPED AND Allowing ME TO 90 BACK TO WERK BECAUSE OF EXCULPATORY EVIDENCE Allowing ME Such LIBERTY

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1.5 Mil Dollars FOR The LOSS OF WAGES, MENTAL AND RMOTIONAL STRESS,
THE COMPENSATION FOR THE ROSS OF STANDARD OF LIVING. HAVING TO START
MY LIFE OVER AGAIN (A SITUATION THAT COULD HAVE BEEN AUDIDICA.
AND TO Allow THE DETAINED INMATICS MORE APPROPRIATE ACCESS TO THAT
IN MATIC LAW LIBRARY.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	HARRIS COUNTY JAIL 701 SAN JACINTO HOUSTON, TX 77003
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
•	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes mw.
	□ No
	Do not know
	If yes, which claim(s)?

e 14 (Rev. 12/	/16) Complaint for Violation of Civil Rights (Prisoner)
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	res
	No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, other correctional facility?
	Yes
	No
E.	If you did file a grievance:
	1. Where did you file the grievance?
•	
	HARR'S COUNTY Jail 701 N SAN JACINTON HOUSTON, TX 77062
	2. What did you claim in your grievance?
	INMAJR NOT GIVEN ACCESS TO THE COURTS
	3. What was the result, if any?
·	EXCUSIS
· .· :	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? I not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
.· :	

Pro Se 14	4 (Rev. 12/16	6) Complaint for Violation of Civil Rights (Prisoner)	
	F.	If you did not file a grievance:	
	r.	11 you did not me a grievance:	
٠		1. If there are any reasons why you did not file a grievance, state them here:	
		1/A	
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:	,
	٠	NIA	
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.	
		$\mathcal{N}_{\mathcal{A}}$	
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)	
VIII.	Previou	us Lawsuits	
	the filin brought malicio	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facilit an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).	ty,
	To the l	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?	
ŧ	Ye	08	
	✓ No		
	If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.	
		NIA	

Α.	Have you filed other lawsuits in state or federal court dealing with the same faction?	ets involved in this
	Yes	
	☑ No	
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 thro	augh 7 helow <i>(If thora</i>
Д,	more than one lawsuit, describe the additional lawsuits on another page, using	
	1. Parties to the previous lawsuit	
•	Plaintiff(s) Defendant(s)	
•	Deteridatif(s)	
	2. Court (if federal court, name the district; if state court, name the county a	nd State)
	3. Docket or index number	
	NIA	· · · · · · · · · · · · · · · · · · ·
	4. Name of Judge assigned to your case	
	W/A	<u>.</u>
	5. Approximate date of filing lawsuit	
	6. Is the case still pending?	
	Yes	·
	No '	
	If no, give the approximate date of disposition.	
	7. What was the result of the case? (For example: Was the case dismissed? in your favor? Was the case appealed?)	Was judgment entere
		·
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
C.	Have you filed other lawsuits in state or federal court otherwise relating to the	

Pro Se 14 (Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
	Yes
	No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
•	1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
7	M_{ID}
	3. Docket or index number
٠	4. Name of Judge assigned to your case
·	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	Yes
	No If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	NA

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

1

Date of signing:	2020/		
Signature of Plaintiff	The first	,	•
Printed Name of Plaintiff	Michael Wilson		·
Prison Identification #	ma 23049 2		•
Prison Address	701 N SANJACINTO	ST	412
-	MAUSTAN	7X	77062
-	City	State	Zip Code
Tay Attaynava		_	
For Attorneys			
Date of signing:			
	· ·		
Signature of Attorney			·
Printed Name of Attorney	,		0.0
Bar Number		. ,	
Name of Law Firm			
Address			
·			
	City	State	Zip Code
Telephone Number	·		
E-mail Address		-	

Case 4:20-cv-01679 Document 1 Filed on 05/13/20 in TXSD Page 12 of 12

3. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?

Yes

Note

Yes

Note

If you answered YES, describe the property and state its approximate value.

I understand a false statement in answer to any question in this affidavit will subject me to penalties for perjury. I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct (28 U.S.C. §1746).

YOU MUST ATTACH A CURRENT SIX (6) MONTH HISTORY OF YOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT.